

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 233

County Registrar No. _____

Local Registrar No. 137

Ward _____

If child is not yet named, make supplemental report, as directed.

1. County of Gila

District of _____

Town of Globe

or _____

City of _____

No. Gila County

If birth occurred in a hospital or institution, give its NAME (instead of street and number)

2. Full name of child Gladys Marilyn Carretto

3. Sex of Child

To be answered ONLY in event of plural births.

4. Twin, triplet or other _____

6. Legitimate? yes

7. Date of birth 5-26-25
Month day year

5. No., in order of birth _____

8. FATHER

Full name

Johnnie Carretto

9. Residence (Usual place of abode)

If nonresident, give place and state

Globe Ariz

10. Color or race

white

11. Age at last birthday 29 (Years)

12. Birthplace (city or place)

(State or country)

Congress, Ariz.

13. Occupation

Nature of industry

Saleman

14. MOTHER

Full maiden name

Lola Mae Smith

15. Residence

(Usual place of abode)

If nonresident, give place and state

Globe Ariz.

16. Color or race

white

17. Age at last birthday 29 (Years)

18. Birthplace (city or place)

(State or country)

Salem, Oregon

19. Occupation

Nature of industry

Housewife

20. Number of children of this mother

(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living 1

(b) Born alive but now dead 0

(c) Stillborn 0

21. Were precautions taken against eye chlamia neonatorum?

yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive

(Born alive or stillborn.)

at 10 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.

Given name added from a supplemental report

Signature

C. Gunter

(Physician or midwife)

Address

Globe, Arizona

Filed

May 30, 1925

Local Registrar.

Month, day, year.

Registrar.

Filed

19

County Registrar.

736-526-928